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Bib Data Sheet

|   |   |                               |   |                            |
|---|---|-------------------------------|---|----------------------------|
| <b>SERIAL NUMBER</b><br>10/775,160  | <b>FILING OR 371(c) DATE</b><br>02/11/2004<br><b>RULE</b>   | <b>CLASS</b><br>116           | <b>GROUP ART UNIT</b><br>2859   | <b>ATTORNEY DOCKET NO.</b> |
| <b>APPLICANTS</b><br>Kareem Rahmon Spillman, Woodside, NY;<br><b>** CONTINUING DATA *****</b> <i>none</i> <i>06 11/15/04</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>none</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 05/06/2004</b>  |   |                               |   |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Allowance <i>11/15/04</i><br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>14  |
|   |   |                               | <b>INDEPENDENT CLAIMS</b><br>3  |                            |
| <b>ADDRESS</b><br>KAREEM SPILLMAN<br>43-10 48th AVE. #2L<br>WOODSIDE ,NY 11377  |   |                               |   |                            |
| <b>TITLE</b><br>Telescopic attachable accessory container with bookmark for books   |   |                               |   |                            |
| <b>FILING FEE RECEIVED</b><br>385   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                            |